

Case Number:	CM15-0112054		
Date Assigned:	06/18/2015	Date of Injury:	07/02/2014
Decision Date:	07/22/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/10/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 40-year-old who has filed a claim for chronic neck, wrist, hand, and knee pain reportedly associated with an industrial injury of July 2, 2014. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve a request for EMG testing of the upper extremities. The claims administrator referenced a RFA form received on May 13, 2015 in its determination, along with a progress note of May 12, 2015. The applicant's attorney subsequently appealed. In a handwritten note dated May 12, 2015, difficult to follow, not entirely legible, the applicant was asked to follow up in six weeks. The applicant denied any new numbness or tingling, it was stated toward the top of the report, admittedly through usage of preprinted checkboxes. Hyposensorium was apparently appreciated about the left leg on exam, it was reported. A pain management consultation, a PENS device, MRI imaging of the cervical spine, EMG testing of the upper extremities, and EMG testing of the lower extremities were all sought. Preprinted checkboxes were invoked in support of each request. Little-to-no narrative commentary accompanied the RFA form. In a progress note dated April 2, 2015, the applicant was placed off of work, on total temporary disability, while Naprosyn and LidoPro were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Electromyograph (EMG) of the upper left extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-178, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182; 272.

Decision rationale: No, the request for EMG testing of the upper extremities was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend EMG testing to clarify a diagnosis of nerve root dysfunction in cases of suspected disk herniation preoperatively or before planned epidural steroid injection therapy, here, however, little-to-no narrative commentary accompanied the May 12, 2015 request. The order in question was placed through usage of preprinted checkboxes. On the May 12, 2015 progress note, the applicant, it is incidentally noted, explicitly denied symptoms of numbness and/or tingling about the upper extremities. It was not clearly stated, in short, why EMG testing was sought in the clinical context present here. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 notes that the routine usage of NCV or EMG testing for evaluation purposes is deemed "not recommended." Here, the fact that EMG testing of the upper and lower extremities were concomitantly ordered suggests that such testing was, in fact, ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.